

CLAIMS ONLY							Application Number	101733729	Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS			AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1								51			
2	0								52			
3	1								53			
4	1								54			
5	1								55			
6	0								56			
7	1								57			
8	1								58			
9	1								59			
10	1								60			
11	1								61			
12	1								62			
13	1								63			
14	1								64			
15									65			
16	1								66			
17									67			
18	1								68			
19	1								69			
20	1								70			
21	0								71			
22	1								72			
23	1								73			
24	1								74			
25	1								75			
26	1								76			
27									77			
28									78			
29									79			
30									80			
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37									87			
38									88			
39									89			
40									90			
41									91			
42									92			
43									93			
44									94			
45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
Total Indep	13								Total Indep			
Total Depend	23								Total Depend			
Total Claims	36								Total Claims			